

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

KeyCorp Advocates Fund

ADDRESS (number and street)

127 Public Square

OH-01-27-1816

☐Check if different
than previously
reported. (ACC)

Cleveland

OH

44114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00073155

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Erskine E. Cade

Signature of Treasurer

Electronically Filed by Erskine E. Cade

Date

03

12

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
KeyCorp Advocates Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		52994.30
(b) Cash on Hand at Beginning of Reporting Period	54976.63	
(c) Total Receipts (from Line 19)	16318.81	31974.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71295.44	84968.94
7. Total Disbursements (from Line 31)	22303.50	35977.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48991.94	48991.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
KeyCorp Advocates Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	351.54	351.54
(i) Itemized (use Schedule A)		
(ii) Unitemized	15967.27	31623.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	16318.81	31974.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	16318.81	31974.64
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16318.81	31974.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16318.81	31974.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3.50	7.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3.50	7.00
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	13300.00	26970.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22303.50	35977.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22303.50	35977.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16318.81	31974.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16318.81	31974.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.50	7.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.50	7.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)

JOHN R SINNENBERG

Mailing Address 23276 LAURELDALE ROAD

City

SHAKER HEIGHTS

State

OH

Zip Code

44122-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEY PRINCIPAL PARTNERS CO-
RP

Occupation

CHAIRMAN, KEY PRINCIPAL PRTRNR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR5480592783

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

STEVE YATES

Mailing Address 7110 KINSMAN ROAD

City

NOVELTY

State

OH

Zip Code

44072-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEYBANK NATIONAL ASSOCIAT-
ION

Occupation

GROUP HEAD INFORMATION TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.89

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR5831772783

Amount of Each Receipt this Period

211.54

P/R Deduction (\$105.77 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

351.54

TOTAL This Period (last page this line number only)

351.54

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial) Friends of Gary W. Cates	Transaction ID: 7622870 Date of Disbursement
Mailing Address Jill Cates, Treasurer 6542 Seminole Drive	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
Purpose of Disbursement Gary Cates, STATE SENATE 4th OH	<input type="text" value="300.00"/>
Candidate Name Gary Cates	<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Gary Cates, STATE SENATE 4th OH
B. Full Name (Last, First, Middle Initial) Families for Lundy	Transaction ID: 7622880 Date of Disbursement
Mailing Address Annette McClish, Treasurer 338 N. Olive Street	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Elyria State OH Zip Code 44035	Amount of Each Disbursement this Period
Purpose of Disbursement Matt Lundy, STATE HOUSE 57th OH	<input type="text" value="250.00"/>
Candidate Name OH Rep. Matt Lundy	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 57	Matt Lundy, STATE HOUSE 57th OH
C. Full Name (Last, First, Middle Initial) Committee to Elect Niehaus	Transaction ID: 7622899 Date of Disbursement
Mailing Address Emily Niehaus, Treasurer 1131 Little Indian Creek Road	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City New Richmond State OH Zip Code 45157	Amount of Each Disbursement this Period
Purpose of Disbursement Thomas Niehaus, STATE SENATE 14th OH	<input type="text" value="500.00"/>
Candidate Name Thomas Niehaus	<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Thomas Niehaus, STATE SENATE 14th OH

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial) Friends of Faber	Transaction ID: 7622900 Date of Disbursement																				
Mailing Address Dale Schwieterman, Treasurer 7706 State Route 703	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Celina State OH Zip Code 45822	Amount of Each Disbursement this Period																				
Purpose of Disbursement Keith Faber, STATE SENATE 12th OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name OH Sen. Keith Faber	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Keith Faber, STATE SENATE 12th OH																				
B. Full Name (Last, First, Middle Initial) Citizens for Wagoner	Transaction ID: 7622901 Date of Disbursement																				
Mailing Address Mark Wagoner, Sr., Treasurer 7445 Airport Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Holland State OH Zip Code 43528	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mark Wagoner, STATE SENATE 2nd OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name OH Rep. Mark Wagoner, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Mark Wagoner, STATE SENATE 2nd OH																				
C. Full Name (Last, First, Middle Initial) Citizens for Carey	Transaction ID: 7685649 Date of Disbursement																				
Mailing Address Karen Hammond, Treasurer 401 S. Arkansas Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Wellston State OH Zip Code 45692	Amount of Each Disbursement this Period																				
Purpose of Disbursement John Carey, STATE SENATE 17th OH	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name John Carey	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	John Carey, STATE SENATE 17th OH																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)
Citizens for Gibbs

Mailing Address L. Hastings, Treasurer
6992 TR 466

City Lakeville State OH Zip Code 44638

Purpose of Disbursement
Robert Gibbs, STATE SENATE 22nd OH

Candidate Name
Robert B. Gibbs

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 7685718

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

Robert Gibbs, STATE SENATE
22nd OH

B.

Full Name (Last, First, Middle Initial)
Citizens with Ujvagi

Mailing Address Sharon Keesee, Treasurer
124 Paine Avenue

City Toledo State OH Zip Code 43605

Purpose of Disbursement
Peter Ujvagi, STATE HOUSE 47th OH

Candidate Name
OH Rep. Peter Ujvagi

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 47

Transaction ID: 7685719

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

Peter Ujvagi, STATE HOUSE
47th OH

C.

Full Name (Last, First, Middle Initial)
Friends of David Daniels

Mailing Address Karen Daniels, Treasurer
440 North Street

City Greenfield State OH Zip Code 45123

Purpose of Disbursement
David Daniels, STATE HOUSE 86th OH

Candidate Name
David Daniels

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 86

Transaction ID: 7685735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

David Daniels, STATE HOUSE
86th OH

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)
Citizens for Sayre

Mailing Address Linda Yosick, Treasurer
176 Downey Hill Drive, Ext. NE

City Dover State OH Zip Code 44622

Purpose of Disbursement
Allan Sayre, STATE HOUSE 96th OH

Candidate Name
Allan Sayre

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 96

Transaction ID: 7690640

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

300.00

Allan Sayre, STATE HOUSE
96th OH

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Chris Widener

Mailing Address Peggy Hupp, Treasurer
23 South Center Street, Suite 103

City Springfield State OH Zip Code 45502

Purpose of Disbursement
Christopher Widener, STATE SENATE 10th OH

Candidate Name
OH Sen. Christopher Widener

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 7690643

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

500.00

Christopher Widener, STATE
SENATE 10th OH

C.

Full Name (Last, First, Middle Initial)
Jimmy Stewart for State Senate

Mailing Address Steve Jeffers, Treasurer
1021 Four Mile Creek Road

City Coolville State OH Zip Code 45723

Purpose of Disbursement
Jimmy Stewart, STATE SENATE 20th OH

Candidate Name
Jimmy Stewart

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 7690895

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

350.00

Jimmy Stewart, STATE SENA-
TE 20th OH

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

<p>A. Full Name (Last, First, Middle Initial) Ohio House Republican Organizational Committee</p> <p>Mailing Address Matt Huffman, Chairman 4679 Winterset Drive</p> <p>City Columbus State OH Zip Code 43220</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7702318 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Zehringer</p> <p>Mailing Address David Wolters, Treasurer 2191 Oak Street</p> <p>City Maria Stein State OH Zip Code 45860</p> <p>Purpose of Disbursement James Zehringer, STATE HOUSE 77th OH</p> <p>Candidate Name OH Rep. James Zehringer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7702320 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>300.00</div> </p> <p>011 Category/Type</p> <p>James Zehringer, STATE HO- USE 77th OH</p>
<p>C. Full Name (Last, First, Middle Initial) Garrison for Ohio</p> <p>Mailing Address Holly Dexter, Treasurer 427 Fifth Street</p> <p>City Marietta State OH Zip Code 45750</p> <p>Purpose of Disbursement Jennifer Garrison, STATE HOUSE 93rd OH</p> <p>Candidate Name Jennifer Garrison</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 93</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7702322 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>500.00</div> </p> <p>011 Category/Type</p> <p>Jennifer Garrison, STATE HOUSE 93rd OH</p>

SUBTOTAL of Disbursements This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial) Friends of Tom Patton	Transaction ID: 7702323 Date of Disbursement
Mailing Address John Southworth, Treasurer 17157 Rabbit Run Drive	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Strongsville State OH Zip Code 44136	Amount of Each Disbursement this Period
Purpose of Disbursement Thomas Patton, STATE SENATE 24th OH	<input type="text" value="500.00"/>
Candidate Name OH Sen. Thomas Patton	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: <input type="checkbox"/> Other (specify) ▼	Thomas Patton, STATE SENA- TE 24th OH
B. Full Name (Last, First, Middle Initial) Tim Schaffer for Ohio Senate	Transaction ID: 7702357 Date of Disbursement
Mailing Address John Snyder, CPA Treasurer 1173 Stone Run Court	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Lancaster State OH Zip Code 43130	Amount of Each Disbursement this Period
Purpose of Disbursement Tim Schaffer, STATE SENATE 31st OH	<input type="text" value="350.00"/>
Candidate Name Tim Schaffer	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: <input type="checkbox"/> Other (specify) ▼	Tim Schaffer, STATE SENATE 31st OH
C. Full Name (Last, First, Middle Initial) Friends of Linda Bolon	Transaction ID: 7702358 Date of Disbursement
Mailing Address John H. Wise CPA, Treasurer 43 Pueblo Lane	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Columbiana State OH Zip Code 44408	Amount of Each Disbursement this Period
Purpose of Disbursement Linda Bolon, STATE HOUSE 1st OH	<input type="text" value="250.00"/>
Candidate Name OH Rep. Linda Bolon	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: 01 <input type="checkbox"/> Other (specify) ▼	Linda Bolon, STATE HOUSE 1st OH

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)

Citizens for Pepper Committee

Mailing Address Anne Sesler, Treasurer
PMB 185, 407 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement
David Pepper, LOCAL OHCandidate Name
Mr. David PepperOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7702359

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

David Pepper, LOCAL OH

B.

Full Name (Last, First, Middle Initial)

Ohio Democratic Party

Mailing Address Chris Redfern, Treasurer
340 E. Fulton Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7702360

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

13100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)

KeyCorp Advocates Fund-New York

Mailing Address 127 Public Square

City
ClevelandState
OHZip Code
44114-1306

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7622875

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial) Mel Watt for Congress Mailing Address PO Box 36831	Transaction ID: 7690830 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 9</div> </div>
City Charlotte State NC Zip Code 28236 Purpose of Disbursement Candidate Name Melvin Watt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 12	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Tiberi for Congress Mailing Address 2021 East Dublin Granville Road Suite 2000 City Columbus State OH Zip Code 43229 Purpose of Disbursement Candidate Name Patrick Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: 7690842 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) LaTourette for Congress Mailing Address Scott E. Coleman, Treasurer 320 Kenarden Drive City Highland Heights State OH Zip Code 44143 Purpose of Disbursement Candidate Name Steven LaTourette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14	Transaction ID: 7690865 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address Dennis Charles, Treasurer
One North Capitol, Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

Candidate Name
Evan Bayh

Office Sought: ☐ House
☒ Senate
☐ President

State: IN

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7690886

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4000.00